

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	66	593	021-14-01
<b>RESPONSE FORMALITY REVIEW</b>	Request	925	12-05-01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/18/01
2	✓	✓	11/18/01
3	✓	✓	11/18/01
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48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
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52	✓	✓	11/18/01
53	✓	✓	11/18/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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